

AF/1745
ITW**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 9

| | |
|------------------------|--------------------|
| Application Number | 09/446,641 |
| Filing Date | December 22, 1999 |
| First Named Inventor | T. Hatazawa et al. |
| Group Art Unit | 1745 |
| Examiner Name | Tracy Mae Dove |
| Attorney Docket Number | 09793822-0111 |

ENCLOSURES (check all that apply)☒ Transmitted herewith is Response to May 13, 2004 Final Office Action.☒ The fee has been calculated as shown below:

| (1) FOR | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
|-----------------------|---------------------------------------------------------------------------------------------|-----|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------|
| TOTAL CLAIMS | 15 | - | 20 | 0 | <input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00 | \$0 |
| INDEPENDENT CLAIMS | 2 | - | 3 | 0 | <input type="checkbox"/> x \$42.00 <input checked="" type="checkbox"/> x \$86.00 | \$0 |
| | APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR. | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME | \$0 |
| | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0 |

☐ Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by _____ month(s) for a fee of \$ _____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.☐ The amount of \$ _____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check.☐ The amount of \$ _____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.☐ The enclosed credit card payment form to charge the amount of \$ _____ covers the extension fee.☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**14. ☒ Customer No. 26263Dated: July 12, 2004
David Rozenblat, (Registration No. 47,044)**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Dated: July 12, 2004
Roxanne M. Swartz

